

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # **P95000030818 (5)**

1. Corporation Name

**FIRST FINANCE OF SUWANNEE COUNTY, INC.**



Principal Place of Business

Mailing Address

**316 N OHIO AVE  
LIVE OAK FL 32060  
US**

**P O BOX 990  
LIVE OAK FL 32060-0990  
US**

2. Principal Place of Business

2a. Mailing Address

**21** Suite Apt. #, etc.

**26** Suite Apt. #, etc.

**22** City & State

**27** City & State

**24** Zip

Country

**29** Zip

Country

9. Name and Address of Current Registered Agent

**CHAUNCEY, ANTHONY W  
RT 7 BOX 361  
FALMOUTH FL 32060**

3. Date Incorporated or Qualified

**04/17/1995**

3a. Date of Last Report

**04/04/1996**

4. FEI Number

**59-3367090**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ANTHONY CHAUNCEY</b>	
STREET ADDRESS	<b>RT. 7, BOX 361</b>	
CITY-ST-ZIP	<b>FALMOUTH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LEE VAN OWEN CHAUNCEY</b>	
STREET ADDRESS	<b>RT 7, BOX 361</b>	
CITY-ST-ZIP	<b>FALMOUTH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PAUL B CHAUNCEY, JR</b>	
STREET ADDRESS	<b>RT 7, BOX 361</b>	
CITY-ST-ZIP	<b>FALMOUTH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DOROTHY CHAUNCEY</b>	
STREET ADDRESS	<b>RT 7, BOX 361</b>	
CITY-ST-ZIP	<b>FALMOUTH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-97**

Date

**904-364-4904**

Daytime Phone #

0014546

CR2E034 (9/96)